

LEAVE BLANK - DNR USE	
Dave Received	
Check No.	
Amount:	
Check In Date	
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Room #:	
Date Packet Sent:	

**FOR USE EXCLUSIVELY BY OUTDOOR SKILLS CENTER SPONSORED
WORKSHOP PARTICIPANTS ONLY.**

Only one event is accepted per application. **Additional requests for other dates will require separate forms. If you require more than 4 beds, please use our "group reservation form".**

Note: Use this form to reserve a bed at the Sandhill Outdoor Skills Center Ned Norton Dormitory. Complete and send this form to the address listed below. Personally identifiable information on this form will be used to administer wildlife management program and may be used to mail additional outdoor activity information and natural resources surveys.

APPLICANT INFORMATION

Name of your GROUP LEADER (Last, First, Middle Initial)	Mailing Address:
City, State, Zip	Daytime Telephone Number: ()
Sex: M - F (circle one)	Date of Birth:
Bed 1	
Name: (Last, First, Middle Initial)	Mailing Address:
City, State, Zip	Daytime Telephone Number: ()
Sex: M - F (circle one)	Date of Birth:
Bed 2	
Name: (Last, First, Middle Initial)	Mailing Address:
City, State, Zip	Daytime Telephone Number: ()
Sex: M - F (circle one)	Date of Birth:
Bed 3	
Name: (Last, First, Middle Initial)	Mailing Address:
City, State, Zip	Daytime Telephone Number: ()
Sex: M - F (circle one)	Date of Birth:
Bed 4	
Name: (Last, First, Middle Initial)	Mailing Address:
City, State, Zip	Daytime Telephone Number: ()
Sex: M - F (circle one)	Date of Birth:

Reservation Dates:	Mo./Day _____ thru Mo./Day _____ Year _____ (only ONE reservation per form / please use a SEPARATE reservation form for your NEXT reservation)	
(A) Bed *Donation Fee: (15.00 per night)	Number of nights x Number of beds = _____ \$15.00 *Donation x _____ (nights) x _____ (beds) = ----- *A donation is highly recommended and appreciated. This will help pay for operating costs so the dormitory can remain open throughout the fiscal year. Thank You.	\$ _____
TOTAL:	Attach a check or money order donation payable to: DNR - Sandhill	\$ _____ (TOTAL)
I, the undersigned, have read the reservation conditions and agree to be responsible for the behavior of the party and to pay for repair of any damages caused by my party and to pay any charges for undue cleanup incurred by the Department. I certify that to the best of my knowledge, the above information is true.		
Signature of Group Leader:		Date:

You may include your dormitory reservation *donation along with your "workshop reservation fee" on one check .

Mail To:

**DNR - Sandhill Wildlife Area
Attn: Dormitory Reservations
PO Box 156
Babcock, WI 54413**

Rules and Information:

The group leader will be sent a packet with instructions on how to access and lock the building.

Your party is responsible for any damages caused by anyone including theft.

You must bring **YOUR OWN SLEEPING BAGS, BLANKETS AND PILLOWS.**

Reservations will not be confirmed until payment is received. Reservations are non-refundable.

Cancellations: DONATIONS are non refundable.

Responsible Persons: The person making the reservation (i.e. the group leader) is responsible for general cleanup and care of the facility.

Donation Payment: Check or Money Order only. No credit cards are accepted. Make payable to DNR - Skills Center

Trash: Please use the designated trash and recycling bins.

Emergencies: There is a pay telephone available in the lobby. No payment required for 911 calls.

Meals: No cooking is allowed in the dormitory. Local restaurants are listed in the lobby.

Please do not hesitate to call with any questions. Thank you.